

FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES

INSTRUCTIONS: Public Employees must complete this form in full. Public officers, including members of certain State boards, commissions, authorities and public corporations, are not required to complete this form, but must complete and file form FDS-02/2.

If additional space is necessary in completing this form, please use addendum pages (available at www.state.nj.us/lps/ethics) and identify the question being answered. The completed form must be forwarded to the Executive Commission on Ethical Standards, PO Box 082, Trenton, NJ 08625-0082. (Hand deliver to 28 West State Street, Room 1407, Trenton, NJ.) The form must contain an original signature and an original notarization.

Questions should be directed to the Director of the Executive Commission on Ethical Standards, PO Box 082, Trenton, NJ 08625-0082. Telephone (609) 292-1892 or by e-mail at ethics@eces.state.nj.us.

Date of Statement:			
a. General Information:			
Name of Public Employee:			
State Office Address:			
State E-mail Address:			
Position:			
Department or Agency:		Office Telephone Number:	
Other compensated or uncompensated governmental positions you hold:			

b. Please list below any occupation, trade, business, profession or employment presently engaged in by you, your spouse, or your dependent children.

Does the public employee hold a license issued by a State agency that entitles him/her to engage in a particular business, profession, trade or occupation (e.g., law, real estate, engineering, medicine, plumbing).

If yes, please so indicate:

License	License is active	License is inactive

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- c. Assets:** List all assets, both tangible and intangible, in which you, your spouse or your dependent children hold an interest, valued as of the date of this statement; provided, however, that when the value cannot be determined as of that date, a separate valuation date shall be specified for the particular asset. Public employees and their spouses must indicate the value of the asset in accordance with the value classifications listed below. Assets held by dependent children must be identified but need not be valued. Please fill in each line; indicate not applicable with "N/A" or "None."

ASSETS (Valued at more than \$1,000)	Public Employee: Indicate Value Class	Spouse : Indicate Value Class	Dependent Children: Check If Asset is Held
CASH ON HAND IN BANK			
NOTES RECEIVABLE- Indicate Nature of Note on Item f.5 on page 3.			
ACCOUNTS RECEIVABLE - Indicate Nature of Accounts on Item f.5 on page 3.			
GOVERNMENT BONDS Itemize on Schedule A			
STOCKS & CORPORATE BONDS (Include Mutual Funds) Itemize on Schedule A			
INTEREST IN CONTRACTS WITH GOVERNMENT INSTRUMENTALITIES Itemize on Schedule B			

ASSETS (Valued at more than \$1,000)	Public Employee: Indicate Value Class	Spouse: Indicate Value Class	Dependent Children: Check If Asset is Held
REAL ESTATE INTERESTS- Itemize on Schedule C			
ACCUMULATED CASH VALUE OF LIFE INSURANCE			
TOTAL VALUE OF PENSION FUND (include IRA, Keogh, Annuities, etc.)			
VEHICLES			
OTHER ASSETS (Itemize Below)			

VALUE CLASS

- A = greater than \$1,000 but not more than \$5,000
B = greater than \$5,000 but not more than \$25,000
C = greater than \$25,000 but not more than \$50,000
D = greater than \$50,000 but not more than \$100,000
E = greater than \$100,000 but not more than \$250,000
F = greater than \$250,000

- d. Are you, your spouse, or your dependent children a party to a blind trust agreement? Yes ☐ No ☐
If yes, please provide the name and address of the Trustee.

Name: _____

Address: _____

- e. Do you or your spouse have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity? Yes ☐ No ☐

If yes, itemize on Schedule B.

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- f. Income:** Public employees and their spouses must indicate the source and the value class of their incomes. The sources of income of dependent children must be identified, but the value class of income need not be disclosed. Public employees filing before July 1 of any year must provide this information for the preceding tax year. Public employees filing after July 1 of any year must provide this information for the 12-month period prior to filing. Income from any source totaling less than \$1,000 need not be disclosed. The following gifts need not be reported: (1) cash gifts of less than \$100 in the aggregate received from a person, (2) non-cash gifts with fair market value of less than \$200 in the aggregate received from a person, and (3) gifts of less than \$3,000 in the aggregate received from a relative. Please fill in each line; indicate not applicable with "N/A" or "None."

VALUE CLASS A = greater than \$1,000 but not more than \$5,000 B = greater than \$5,000 but not more than \$25,000 C = greater than \$25,000 but not more than \$50,000 D = greater than \$50,000 but not more than \$100,000 E = greater than \$100,000 but not more than \$250,000 F = greater than \$250,000	Public Employee: Indicate Value Class	Spouse: Indicate Value Class	Dependent Children: Check to Designate Source
1. All compensated employment of whatever nature, including current State or other employment. Please list commencement and, if applicable, termination date. Be sure to include the name of the employer(s).			
2. All directorships and other fiduciary positions for which compensation has or will be received:			
3. All contractual arrangements producing or expected to produce income, including but not limited to buyout agreements and severance payments :			
4. All capital gains: (Itemize on Schedule D)			
5. All honoraria, lecture fees, gifts and other miscellaneous sources of income, including but not limited to Social Security and pensions, interest, dividends, royalties, rents and accounts and notes receivables :			

- g.** List any offices, trusteeships, directorships or positions of any nature, whether compensated or uncompensated, held by you, your spouse, or dependent children, with any firm, corporation, association, partnership or business. If such firm, corporation, association, partnership or business does business with a casino or does business with the State, or is regulated, licensed or inspected by any State agency, please identify the State agency or casino.

Position Held	Firm, Corporation, Association, Partnership or Business	State Agency	Casino	Indicate whether held by public employee, spouse, or dependent children.

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h. Liabilities: List all your liabilities and those of your spouse or your dependent children and identify the creditor. List value class of liabilities of public employee and spouse only. Include all liabilities that have been forgiven by any creditor within the last twelve months, stating the name of the creditor to whom the liability was owed. Liabilities include, but are not limited to, notes, accounts payable, taxes, mortgages or liens, and loans on life insurance.

The following liabilities need not be reported: less than \$10,000 owed to a relative; less than \$1,000 owed to any other person; loans secured by a personal motor vehicle, household furniture or appliances where the loan did not exceed the purchase price of the item and the outstanding balance did not exceed \$10,000 as of the close of the preceding calendar year; and revolving charge accounts where the outstanding liability did not exceed \$10,000 as of the close of the preceding calendar year. Indicate not applicable with "N/A" or "None."

[illegible]

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E = greater than \$100,000 but not more than \$250,000
F = greater than \$250,000

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SCHEDULE A - STOCKS AND BONDS HELD

List the type and value class of stocks and bonds owned by you, your spouse, or your dependent children; list the name of the company, mutual fund, holding company or government agency issuing the stocks and bonds. If your ownership interest exists through a mutual fund or holding company, you need not list the individual stocks so owned; you must, however, list the mutual fund or holding company. If your ownership interest exists through a beneficial interest in a trust, list the stocks and bonds so owned if you have such knowledge; otherwise list the name of the trustee.

Indicate not applicable with "N/A" or "None."

[illegible]

*Individuals who own more than 10% of the total stock of any company must disclose the percentage of ownership.

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SCHEDULE B - INTEREST IN CLOSELY HELD CORPORATIONS OR SIMILAR BUSINESS ENTITIES/PURCHASES, SALES CONTRACTS OR AGREEMENTS WITH GOVERNMENT INSTRUMENTALITIES

If you or your spouse have any interest in any closely held corporation, partnership, sole proprietorship, or similar business entity, please provide the requested information for each business entity. "Interest" means **ANY** ownership or control of **ANY** profits or assets of such business entity. Indicate not applicable with "N/A" or "None."

Interest held by: ☐ Public Employee ☐ Spouse

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

(Use a separate sheet to list additional business entities.)

General description of business activity of entity: _____

Duties and responsibilities of State position: _____

GOVERNMENT INSTRUMENTALITIES:

Does entity or entities identified above do business with any of the following? "Doing Business" means business or commercial transactions involving the sale, conveyance, or rental of any goods or services, and does not include such activities as compliance with regulatory procedures. In addition, if you indicated on page 2, **Assets**, that you, your spouse or dependent children have an interest in a contract with a government instrumentality, please check the appropriate instrumentality.

	YES*	NO
United States Government	<input type="checkbox"/>	<input type="checkbox"/>
State of New Jersey	<input type="checkbox"/>	<input type="checkbox"/>
New Jersey Local Government Entity	<input type="checkbox"/>	<input type="checkbox"/>
Interstate Entity	<input type="checkbox"/>	<input type="checkbox"/>
Non-New Jersey State or Local Government Entity	<input type="checkbox"/>	<input type="checkbox"/>

**If you checked "yes " for any of the above, please attach documentation regarding such business activities.*

Is the purchase, sale, contract, or agreement with the governmental entity subject to public notice and competitive bidding?

Yes ☐ No ☐

FINANCIAL DISCLOSURE STATEMENT FOR PUBLIC EMPLOYEES**SCHEDULE C- REAL ESTATE INTERESTS**

1. List all your real estate holdings and those of your spouse and dependent children. New Jersey real estate holdings must include the county, size, and current use of any real property in which any direct, indirect, vested or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct or indirect interest therein. Indicate not applicable with "N/A" or "None."

County	Size	Individuals or Entities Sharing Interest	Current Use*	Acquisition Date	Held by: (check)			Indicate Value Class if Held by		Valuation Date **
					Public Employee	Spouse	Dependent Children	Public Employee	Spouse	

* Specify if commercial, industrial, residential, rental, farm or vacant.

** Specify a valuation date if the value cannot be determined as of the date of this statement.

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 E = greater than \$100,000 but not more than \$250,000
 F = greater than \$250,000

2. Do any of the individuals who are listed above as sharing a real estate interest with the public employee, the spouse or dependent children of the public employee work for the same State agency as the public employee? If so, identify the individuals and indicate if there is a supervisor/subordinate relationship between the public employee and the individual.

Supervisor/Subordinate Relationship? Yes ☐ No ☐

Name: _____

3. List the name of any government instrumentality that is a tenant in 1. above and any government instrumentality that has before it an application, complaint or proceeding directly affecting any real property listed above.

County	Government Instrumentality Tenant	Government Instrumentality with Proceeding Pending

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SCHEDULE D- CAPITAL GAINS

Indicate not applicable with "N/A" or "None."

[illegible]

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ATTESTATION

I hereby certify that I have read the foregoing statement and any addendum pages attached thereto and to the best of my knowledge and belief, they are true, correct and complete and that I have not and will not transfer any asset, interest or property for the purpose of concealing it from disclosure while retaining an equitable interest therein.

(Signature)

Sworn and subscribed to before me

this _____ day of _____
(month) (year)

(Title of Officer Administering Oath)

This Financial Disclosure Statement was prepared by (check one):

☐ Public Employee

☐ Spouse

☐ Other (Please identify) _____

**ORIGINAL SIGNATURE AND NOTARIZATION
MUST BE SUBMITTED.**

DO NOT SUBMIT PHOTOCOPIES.